Application or Docket Number

9/941001

Effective October 1, 2000												
CLAIMS AS FILED - PART I						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			43				RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	· 7 10.00
TOTAL CHARGEABLE CLAIMS			43 minus 20=		· 23		X\$	9=		OR	X\$18=	414
INDEPENDENT CLAIMS			2 minus 3 =				X	0=		RO	X80=	1
MULTIPLE DEPENDENT CLAIM PRESENT							41	35=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	-	TAL		OR	TOTAL	1124
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 43	Minus	70	43	Ŧ.	X	9=		OR	X\$18=	
	Independent	. 3	Minus	***	3	=	X4	0=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=	
2/17/15								OTAL			YOTAL ADDIT, FEE	
3/10/05 (Column 1) (Column 2) (Column 3)								t. PEE		,	AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 41	Minus	** 4	13	= 0	X	9=		OR	X\$18=	
	Independent	. 3	Minus	•••	3	1:0	X	10=		OR	X80≖	
FIRST PRESENTATION OF MOETIFCE DEPENDENT GOALS							41	35≖		OR	+270=	
A. C.								TOTAL		OR	YOTAL ADDIT, FEE	
ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••	en viena	\$	X	9=		OR	X\$18≃	
	independent	•	Minus .	•••		#	1 ×	40=		OR	X80≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J		-	1	+270=	
	If the entry in col	ma t is loss than	the entry in col	umn 2, wr	fte "O" in c	column 3.		35= 101AL		OR	TOTAL	
"If the entry in column 1, is less than the entry in column 2, write "0" in column 3. "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, onler "20." "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-075 (Rev. 8/00)

- State of Charles and Charles

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE 'U.S. GPO: 2000-460-708/30103